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RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES IN THE AMERICAS AND CARIBBEAN REGION*

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in the Americas and Caribbean region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $6,460,000, to achieve the objectives of the country programmes as originally approved by the Board.

Country/programme	Amount (United States dollars)	Current programme cycle
Ecuador	1 563 000	1990-1993
Guyana	1 568 000	1990-1994
Jamaica	1 543 000	1990-1994
Paraguay	1 786 000	1989-1993

Annual funding requirements of the four countries are provided in the table at the end of the present document.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1991, will be contained in the "Summary of 1992 recommendations for general resources and supplementary funding programmes" (E/ICEF/1992/P/L.2 and Add.1).

INTRODUCTION

1. Taking into account the availability of general resources in 1991 and income projections in the medium-term plan, the Executive Director authorized increases in the annual planning levels of a number of countries. This increase raises the annual planning levels for general resources to $1 million for Ecuador and Paraguay, and to $750,000 for Guyana and Jamaica.

2. Because of the World Summit for Children, there is an increasing awareness of the problems and needs of women and children in the developing world. Government efforts have been increased to enhance child survival and development (CSD) and to reduce maternal mortality. As a result, general resources have not been sufficient to support the expansion of CSD efforts within the country programmes already approved by the Executive Board.

I. ECUADOR

3. The country programme for Ecuador for the period 1990-1993 was approved by the Executive Board in 1990, with an annual general resources planning level of $500,000 (E/ICEF/1990/P/L.12 and Corr.1). Because of increased general resources availability, the annual planning level was increased to $750,000 for 1991, and to $1 million from 1992 onwards. In addition, accelerated expenditure was authorized for 1991 to support country efforts to combat a cholera epidemic and to support the development of the national programme of action.

4. The increased resources have been planned with the Government to reinforce UNICEF cooperation in the main areas of the country programme approved by the Executive Board. At the same time, because supplementary funding was received only for certain areas of the country programme, there has been some realignment of funding between general resources and supplementary funds in order to respond best to the challenges posed by the goals of the national programme of action.

Health

5. Ecuador has made good progress in increasing immunization coverage, which currently is close to 70 per cent, but it has not yet achieved the goal of universal child immunization (UCI). UNICEF has been an active partner through the Inter-agency Coordinating Committee and its financial support to the national expanded programme on immunization (EPI). Additional efforts should enable the country to achieve the 80 per cent coverage target goal, although some other donor agencies have indicated that, in future, they will reduce their financial support to the programme.

6. UNICEF will, therefore, assume a larger share of support to EPI to help guarantee an adequate supply of vaccines and to support communications and

outreach activities. Two fifths of the additional general resources will be committed to the national immunization programme.

7. In 1991, the main UNICEF contribution to the health sector was directed towards addressing the cholera epidemic, mainly through the establishment of community oral rehydration units and through communication and public health information activities. General resources from the health programme were supplemented with emergency funding and with financing for activities in the two major cities and in the rural provinces where UNICEF is supporting area-based programmes. Future cooperation will focus on further expansion and use of the community oral rehydration units and on latrine building, together with hygiene education.

Young child development

8. Within its National Development Plan, the Government is committed to providing increased attention to children under six years of age living in the poorest areas of the country. While the coverage achieved falls short of the targets set, it none the less represents a major expansion of non-conventional day-care programmes.

9. Currently, over 200,000 children are benefiting from the programmes of the National Child and Family Institute (Instituto Nacional del Nino y la Familia), the community network (Red Comunitaria) of the Ministry of Social Welfare and the non-conventional preschool education methods fostered by the Ministry of Education. UNICEF will expand and strengthen its support to the counterpart agencies implementing early childhood development programmes. This assistance will be geared primarily towards strengthening the planning, monitoring and evaluation, information and coordination systems, and developing and systematizing training programmes and materials.

Education

10. In 1990 and 1991, UNICEF supported a pilot implementation of the country's educational strategy to improve the quality and efficiency of rural education; the project is now being financed by the Inter-American Development Bank (IDB). The strategy consists of a Centro de Educacion Matriz (CEM), or a "hub" school, which serves as a centre of excellence and supports both a number of satellite schools for teacher training and related quality improvement activities and the development of school textbooks in both Spanish and indigenous languages. Only the province of Esmeraldas and the lightly populated jungle provinces of the East are not served by the project, which is being implemented progressively in all other areas of the country.

11. With the additional general resources, UNICEF will support the extension of this programme to those two areas, with the establishment of one CEM in Esmeraldas and of one bilingual CEM in one of the provinces of the East. The technical unit of the IDB project will provide the required administrative and technical assistance, and support for the development of appropriate texts.

Area-based services

12. UNICEF is working with local counterparts in areas with a high concentration of people living in critical poverty, supporting area-based programmes financed by supplementary funds. One such programme is in Guayaquil, the country's largest city and major port. Home to over 20 per cent of Ecuador's total population, Guayaquil faces many serious urban problems which are compounded by a lack of infrastructure. Water, sanitation and garbage disposal services are particularly deficient, so that the low-income areas of the city are at greater risk for cholera. In order to reinforce and expand the urban basic services programme, general resources will be used in this area.

Advocacy

13. In a country like Ecuador, which has a fairly sophisticated communications network, advocacy can play an important role in sensitizing public opinion, building national awareness on child-related issues and influencing social policy decisions.

14. A rich experience has been gained in recent years by creating opportunities for children themselves to participate and have their say about social issues. In 1990, elections were held in which children decided which rights contained within the Convention on the Rights of the Child were the most important. During the same year, local children's summits preceded a national summit that gave children an opportunity to voice their concerns and solutions in the national programme of action. A modest amount of general resources will be used to strengthen these activities and to maintain and strengthen national knowledge of and support for the national programme of action.

Statistics, planning and project support

15. Within the framework of adjustment with a human face, UNICEF has developed a dynamic relationship with the Government by supporting social policy development. UNICEF cooperation in this area has included the development of household survey systems and the incorporation into social development planning of key information on health and other child-welfare indicators, studies on the financing of social policies and training into social development. Wider cooperation in this area has been made possible through funding from the Special Adjustment Facility for Latin America and the Caribbean (SAFLAC).

16. Assistance in this area has facilitated the preparation of the national programme of action. Assistance will be maintained during the final two years of the country programme to ensure continuity, the application and use of the social planning skills and information systems, and a smooth transition with the next administration (national elections are scheduled for May 1992).

17. A portion of the additional general resources will be used to provide technical assistance, adequate programme management and monitoring and evaluation of the country programme's overall effectiveness and impact. Funding will also be used to support the development of the next programme of cooperation, to be presented to the Executive Board in 1993.

II. GUYANA

18. The country programme for Guyana was approved by the Executive Board in 1990 to cover the period 1990-1994, with available general resources of $1.6 million (E/ICEF/1990/P/L.25). In 1991, the annual planning level was increased from $300,000 to $500,000, enabling the implementing agencies to accelerate programmes, especially in the areas of health and water supply and sanitation. For the period 1992-1994, the annual planning level is being increased further to $750,000. An additional $1,568,000 is required to replenish general resources for the remaining programme period. Future support will be used to consolidate and expand existing programmes.

19. The economy of Guyana has been deteriorating for many years, although there are signs that the rate of contraction may now be slowing because of measures adopted under the Government's structural adjustment programme. However, the structural adjustment programme has also resulted in severe cuts in social sector spending, with consequent effects on the most vulnerable sectors of the population.

20. The Government is now able to meet only a fraction of the country's needs in areas such as essential drugs, while the reduction in real terms of public sector salaries has resulted in the accelerated emigration of health workers, teachers and other key technical personnel, causing a drop in the overall quality and effectiveness of basic services for children.

Child survival and development

21. Health care standards continue to be seriously affected by the lack of basic medical supplies, including shortages of essential drugs at the various health centres. During the last few years, however, Guyana's immunization coverage has shown steady improvement, with 1990 rates of 85 per cent for anti-tuberculosis vaccine (BCG), 83 per cent for combined diphtheria/pertussis/tetanus (DPT) vaccine, 79 per cent for oral poliomyelitis vaccine (OPV) and 73 per cent for measles vaccine. Were it not for a lengthy nurses' strike towards the end of 1990, it is felt that UCI would have been achieved.

22. During 1990 and 1991, emphasis was placed on providing primary-level training for 60 community health workers and further training for an additional 30 workers. Twenty-five workshops were held at various regional levels to educate both health workers and key members of the community in basic nutrition and child care. The government agency responsible for training also continued a series of programmes for health educators in areas

such as growth monitoring and control of acute respiratory infections (ARI). With assistance from SAFLAC, support was provided for the local manufacture and distribution of growth charts to health centres throughout the country.

23. Additional general resources will permit increased assistance to the immunization programme, which will be strengthened by the provision of cold-chain equipment and logistical support. Rural health centres will receive further assistance with basic maternal and child health (MCH) supplies and equipment. Growth monitoring activities will continue to be supported, and growth charts will be provided to ensure that adequate stocks are available at all MCH centres. In-service training will be intensified to ensure improved quality and sustainability of basic health-care services. This will include training in oral rehydration therapy (ORT) and antenatal care. In addition, emphasis will be placed on supporting the Government's breast-feeding programme as well as the "baby-friendly" hospital initiative. Assistance will also be extended to improve hospital practices in order to reduce perinatal deaths and to promote basic health education messages among families and individuals throughout the country. Essential drugs will continue to be provided in order to alleviate the critical shortages affecting all health facilities in Guyana.

Women in development

24. Women in Guyana bear the main impact of the economic recession. Many compete in the labour market for marginal jobs or join in informal sector activities in order to make ends meet. Support will be provided to strengthen programmes to improve the social and economic status of women, especially through income-generating projects financed by a revolving loan fund which was successfully initiated with UNICEF assistance in 1990. Facts for Life messages will also be promoted through local women's groups and non-governmental organizations (NGOs) in order to reach communities in urban peripheral and outlying rural areas.

Early childhood development

25. With the increased number of working mothers, existing day-care facilities have become crowded, and in some cases mothers still leave their children unattended or to be attended by older siblings, who are themselves forced to drop out of school in order to care for their younger brothers and sisters.

26. In order to address the problem of the care and development of young children, support will continue to be provided for the expansion of day-care facilities through the training of personnel and the provision of appropriate educational supplies and equipment. Support will be provided for a training centre for day-care workers in order to meet the rapidly growing needs in this important area. Additional funding will also be allocated for preschool education, especially for the training of teachers and upgrading of facilities to help create an environment more conducive to early childhood development.

Water supply and sanitation

27. The supply of potable water to rural communities in Guyana is still very poor. Access to potable water is 50 per cent; even this supply is very intermittent as the systems break down frequently because of age and a lack of funds to procure replacement parts. Women and children remain the main water carriers, and children are frequently kept out of school to fetch water. The shortage of water has also affected the health of the children, which is reflected in the high level of diarrhoeal diseases.

28. UNICEF has provided spare parts for the repair of several water systems, benefiting some 40,000 inhabitants. Additional funds will be used to expand activities to provide about 80,000 inhabitants with potable water in three large rural communities. Major emphasis will be placed on training communities in the operation and basic maintenance of the water systems. Assistance will also be provided for strengthening the Central Water Agency's information and personnel training.

Evaluation

29. As part of the expanded programme, an evaluation of the essential drugs programme will be carried out primarily to compare the efficiency and cost-effectiveness of local drug manufacture with direct importation. The women's revolving loan fund will also be evaluated, as will the water supply and sanitation programme, which has been in operation for some years.

III. JAMAICA

30. The country programme for Jamaica was approved by the 1990 Executive Board for the period 1990-1994, with a total allocation of $1.5 million from general resources (E/ICEF/1990/P/L.14). In 1991, the annual planning level was increased from $300,000 to $500,000, and again to $750,000 in 1992. An additional $1,543,000 is required to replenish general resources for the remaining period of the programme.

31. The 1990-1994 country programme includes interventions in the areas of primary health care, children in especially difficult circumstances, women and development, urban basic services and advocacy and social mobilization. The additional funds requested will be used to broaden the scope of CSD activities; to expand the urban basic services programme to communities; and to intensify advocacy and social mobilization activities, focusing in particular on the Convention on the Rights of the Child, better parenting and follow-up to the World Summit for Children.

Child survival and development

32. The national MCH programme has made some major strides in recent years, despite severe staff shortages and problems in the maintenance of facilities and equipment. UNICEF funds for immunization have been used for training,

outreach efforts aimed at retrieving dropouts, public education and supplies and equipment. In 1990, immunization coverage reached 96 per cent for BCG, 86 per cent for three doses of DPT, 87 per cent for three doses of OPV, and 74 per cent for measles vaccine. Achieving the objective of 100 per cent coverage by 1992 is still considered possible through intensified outreach and public education activities. Both a curriculum and a teachers' guide for including child health education in the nation's primary schools have been completed, and pilot testing is under way in 60 schools in two parishes. It is expected that health education will have been incorporated into school curricula island-wide by the end of the current country programme.

33. A major undertaking has been the mounting of a massive campaign to halt the decline in breast-feeding. A national breast-feeding coordinator has been appointed and an intersectoral coordinating committee organized. Appropriate messages have been designed and are being transmitted through a wide variety of channels. Plans are also under way for launching the "baby-friendly" hospital initiative in 1992. Collaboration with the private sector regarding breast-feeding and ORT has been most satisfactory. Training is taking place in nursing schools and public and private health facilities. In addition, nutrition education messages using popular music have been developed in coordination with the Caribbean Food and Nutrition Institute.

34. ARI are one of the leading causes of hospitalization in children in the one- to four-year-age group and the third leading cause for children under one year of age following perinatal conditions and gastroenteritis. The Government of Jamaica, with the assistance of the Kiwanis, has started a programme to train preschool teachers to recognize when medical attention should be sought for respiratory infections. It is recognized, however, that more concerted attention is needed to reduce morbidity and mortality due to ARI. UNICEF assistance has, therefore, been requested for research, programme and policy development, training and public education concerning ARI. Additional general resources will enable UNICEF to respond to this request.

35. The MCH programme will also be expanded to include interventions aimed at child accident prevention. Accidents, poisoning and violence are major causes of mortality among 1- to 4-year olds and are the leading cause of death among children 5 to 14 years of age. Accident prevention interventions will be determined following a thorough analysis of the most frequent types and causes of accidents.

Urban basic services

36. A participatory evaluation carried out in 1991 confirmed that this programme has effectively mobilized women to improve their standard of living and that of their communities. Eight low-income communities in Kingston and Montego Bay have now organized neighbourhood groups active in day care, better parenting, health, sanitation and income generation. Immunization coverage has reached 85 per cent, which is much higher than in other depressed, urban areas. Trained community members have now taken over tasks previously performed by community development officers; they have also been effective in

attracting funds from other donors to consolidate further community efforts already under way. The project is considered a model of intersectoral cooperation and of cooperation between a Government and NGOs. The Government has requested the expansion of current project activities to other depressed communities in Jamaica. This will help to achieve the country programme goals simultaneously in all areas, including hard-to-reach urban communities.

Advocacy and social mobilization

37. Social mobilization and advocacy are strategic elements of the country programme which cut across and reinforce all other programme interventions. UNICEF is working closely with several NGOs in promoting the Convention on the Rights of the Child and follow-up to the World Summit for Children. These activities will be expanded, and greater emphasis will be placed on education for better parenting, mobilizing men to participate more meaningfully in family life, creating awareness in young people of their own potential and organizing women at the community level. The use of non-traditional media and communication channels such as drama, talks, workshops and the dissemination of education materials will be expanded.

IV. PARAGUAY

38. The country programme for Paraguay for the period 1989-1993 was approved by the Executive Board in 1989, with available general resources of $1.5 million (E/ICEF/1989/P/L.13 and Corr.1). In 1991, the annual planning level was increased from $300,000 to $750,000, and to $1 million from 1992 onwards. This has enabled UNICEF and the Government to expand activities within the country programme, and has allowed UNICEF to continue to support government efforts to reduce infant and maternal mortality rates by strengthening the health system and supporting the provision of safe water and environmental sanitation.

39. The current programme of cooperation has focused on national programmes related to immunization, control of diarrhoeal diseases (CDD), ARI, preschool and basic education, water supply and sanitation, children in especially difficult circumstances and social communication. The main strategic elements of the programme include the mobilization of public and private institutions at central, regional and local levels; the coordination of actions between government institutions and NGOs; the decentralization of technical and financial resources; and the concentration of resources in the most deprived areas of the country.

Maternal and child health

40. The Government has made very good efforts to reduce infant mortality through acceleration of immunization activities, as well as CDD and ARI control. In 1990, immunization coverage of children under one year of age reached 87 per cent. More than 4,500 oral rehydration units have been

established, while training has been provided to 1,200 community volunteers on aspects related to CDD and ARI control.

41. UNICEF supported the training of health professionals and the provision of basic medicines and basic equipment for 427 health centres and health posts. UNICEF has cooperated with the Catholic Church, the Paraguayan Paediatric Society and diverse NGOs to increase the coverage of immunization and child development, complementing Ministry of Health efforts to expand such programmes for children. The Catholic Church's National Team for Social Pastoral Work contributed to the increase in health-care coverage of the rural population through a network of 116 dispensaries, 3 hospitals and 11 clinics and the participation of 15,000 community volunteers. The Catholic Church trained 146 community promoters in 16 rural settlements, while private, social welfare agencies trained 304 volunteers and 34 community leaders in topics related to immunization, diarrhoea and cholera prevention. UNICEF will continue to support the expansion of these activities in 1992 and 1993.

Preschool and basic education

42. Support has been provided to the community-based educational programme, Mita'i Roga (a Guarini term meaning "child home"), with the training of 322 community volunteers who work in preschool centres that benefit 6,700 children between three and six years of age. Training was also provided for 500 community volunteers and 60 supervisors at the Ministry of Education, in addition to support for the local production of teaching materials and games. These activities will be expanded in 1992 and 1993. Additionally, UNICEF will continue to provide technical support to the Ministry of Education for the formulation of an educational reform programme.

Nutrition

43. To improve food production, UNICEF cooperated with the Programa Nacional de Reforma Agraria y Desarollo Rural (National Agrarian Reform and Integral Rural Development Programme) in the provision of seeds, equipment, medicines and supplementary feeding for 3,000 peasant families living in new rural settlements. Some 3,000 families in 16 rural settlements were trained in food production and conservation, as well as in CSD. More than 10,000 family gardens were established in 23 rural settlements. All of these activities included the coordinated participation of the Ministry of Health, the Social Pastorate (the social programmes of the Catholic Church) and the Ministries of Agriculture and Education.

44. To promote breast-feeding, UNICEF has been supporting the training of technicians in the health sector and in Catholic Church volunteer groups, as well as community promoters and midwives. Special emphasis has been given to the promotion of "baby-friendly" hospitals. Support was provided for the production of relevant pamphlets, posters and television and radio spots.

45. UNICEF has supported the Ministry of Public Health and Social Welfare in conducting mass media campaigns to promote the use of iodized salt and in

formulating new policy for the control of endemic goitre. In cooperation with the Pan American Health Organization (PAHO), a situation analysis of the problem is being conducted and the results will be used to formulate the plan of action for the next two years. Preliminary agreements have been made to give the private sector the responsibility for distributing iodized salt, with technical support from the Ministry of Health.

Water supply and basic sanitation

46. The activities of the National Service for Public Sanitation include drilling wells, installing latrines, disposal and elimination of solid waste and training. In view of their extreme poverty and precarious basic services, new rural settlements were given priority as direct beneficiaries.

47. Between 1990 and 1991, four wells benefiting 4,000 people were drilled; 4,000 latrines were built, as well as a similar number of refuse collection pits; 2,000 home visits were made and training programmes which benefited 20,000 people were conducted; and 6,600 bottles of mebendazol were distributed.

48. UNICEF will continue to support the drilling of wells and the implementation of water systems, using appropriate technologies in villages with 5,000 or fewer inhabitants. In the area of sanitation, support will be provided for the production of protective lids for wells, in addition to operational and logistical training for community members. Equipment and materials will be supplied for a training programme to ensure the greatest possible effectiveness.

Children in especially difficult circumstances

49. An estimated 15,000 children work in the streets of Asuncion. In other cities, 2,000 children, of whom 33 per cent do not attend school are in a similar situation. UNICEF cooperation supports the institutional reorganization and institutional improvement of the Direccion General de Proteccion del Menor (General Child Protection Office), providing technical assistance, training and equipment; the development and standardization of methodologies with NGOs; and the updating of the El Codigo del Menor (Minor's Code) and the dissemination of children's rights. At the present time, a situation analysis is being conducted to help the Government formulate policy and a national programme for children in especially difficult circumstances.

Communication and social mobilization

50. The programme of cooperation has strong advocacy, communication and social mobilization components that promote child welfare. The main goal is to ensure that Paraguayan society is aware of the problems and needs of children and mothers, as set forth in the Convention on the Rights of the Child and in various national programmes of action. The democratization process under way in the country presents a special opportunity to enhance

child survival, protection and development at the highest levels of Government.

Breakdown of annual funding requirements

(In thousands of United States dollars)

Country	Current programme cycle	Approved general resources funding a/	Additional funding proposed 1992	1993	1994	Total
Ecuador	1990-1993	2 250	563	1 000	-	1 563
Guyana	1990-1994	1 600	68	750	750	1 568
Jamaica	1990-1994	1 500	43	750	750	1 543
Paraguay	1989-1993	1 640	786	1 000	-	1 786
			1 460	3 500	1 500	6 460

a/ The amounts shown here include the actual balances carried over from the previous programme cycle.